

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

192

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-2017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME: CLARK  
Last

First MIDDLE M. MD

2. BUSINESS PHONE: 225-72151-2485

3. BUSINESS ADDRESS: 10745 ANDERSON DR., BIRMINGHAM, AL 30015  
Street and No. City State ZipMAILING ADDRESS: SWANNE  
Street and No. City State Zip

4. EMPLOYER: SELF Employed - "President" Diana Clark &amp; Assoc.

5. EMPLOYER'S ADDRESS: SWANNE, INC., BIRMINGHAM  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name: CLARK, CLARK AND DIAZ

Address: 10745 ANDERSON DR., BIRMINGHAM, AL 30015

Business or purpose: PUBLIC RELATIONS, INC., ATTORNEY CONSULTANT

 New Representation

Does this person pay you?

If No, who pays you? SANTA CLARA &amp; DIAZ

 Terminated Representation as of \_\_\_\_\_

|      |        |
|------|--------|
| 1/21 | FEB 19 |
| 1/22 | FEB 20 |
| 1/23 | FEB 21 |
| 1/24 | FEB 22 |
| 1/25 | FEB 23 |
| 1/26 | FEB 24 |
| 1/27 | FEB 25 |
| 1/28 | FEB 26 |
| 1/29 | FEB 27 |
| 1/30 | FEB 28 |
| 1/31 | MAR 1  |

## SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name

Address

Business or purpose

New Representation

Does this person pay you?

If No, who pays you?

Terminated Representation as of

3. Name

Address

Business or purpose

New Representation

Does this person pay you?

If No, who pays you?

Terminated Representation as of

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 50 L Rev. 5/99

